PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where the property of the prope Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must

	590 12/31	/2007			bave	its own certificate	of mai	ling or transmission.		
HESLIN ROTH 5 COLUMBIA CI ALBANY, NY 12		f her State addr trans	Cer reby certify that the se Postal Service vessed to the Mai amitted to the USP	tificate is Fee(s vith suf I Stop TO (57	of Mailing or Trans) Transmittal is being ficient postage for fin ISSUE FEE address) 273-2885, on the d	mission g deposited with the st class mail in an above, or being ate indicated below	e United envelope facsimile v.			
					_				(Deposi	tor's name)
										(Signature)
										(Date)
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION	NO.
10/803,754 TITLE OF INVENTION: I	03/18/2004 FOOD HEATING		Guy Darell Unwin 2457.003				6875			
APPLN. TYPE	SMALL ENTITY	ISSU	E FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$720	\$300	\$300			\$1020	03/31/2008	
EXAMINER		AI	RTUNIT	CLASS-SUBCLASS						
STULII, V	1794	426-107000								
I. Change of corresponden CFR 1.363. Change of correspon Address from PTO/SB/1 Prese Address' indica PTO/SB/47, Rev 03-02. Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriat	dence address (or Cha 122) attached. attion (or "Fee Address or more recent) attach D RESIDENCE DATA s an assignee is ident n 37 CFR 3.11. Comp	Indication of the legislation of	on form f a Customer PRINTED ON Town, no assignee this form is NO	data will appear on th T a substitute for filing (B) RESIDENCE: (C	p to nativingle or a attor be typ e ps an a	3 registered pater ety, b firm (having as a gent) and the nam neys or agents. If printed. e) tent. If an assign and STATE OR C	nt attorn n memb- les of up no nam	entified below, the d	ocument has been	
4a. The following fee(s) are submitted: 3 Issue Fee 3 Publication Fee (No small entity discount permitted) 3 Advance Order - # of Copies 10				b. Psyment of Fee(s): (Plesse first reapply any previously paid issue fee shown above) A check is enclosed. Psyment by credit card Form PTO-2038 is attached. The Director is hereby subdorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account humber (98-1938 (dictoles an extra copy of this form).						
5. Change in Entity Status a. Applicant claims S NOTE: The Issue Fee and I interest as shown by the rec	MALL ENTITY state	s. Sec 37		b. Applicant is no						party in
Authorized Signature Soll Man Medical Manager Soll Pietrangelo						Date March 1	1, 2006			
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virgania 22313	on is required by 37 C lity is governed by 35 pplication form to the s for reducing this bur junia 22313-1450. DO -1450.	FR 1.311. U.S.C. 12 USPTO. den, shou NOT SE	The informatic 22 and 37 CFR Time will vary ld be sent to th ND FEES OR	on is required to obtain 1.14. This collection is depending upon the in the Chief Information Of COMPLETED FORMS	or restindivi				I by the USPTO to g gathering, prepa ne you require to artment of Comme for Patents, P.O. B	process ring, and complete ree, P.O ox 1450

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